

THE  
MEDICAL AND SURGICAL REPORTER.

No. 702.]

PHILADELPHIA, AUGUST 13, 1870.

[Vol. XXIII.—No 7.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

GUNSHOT INJURY OF THE INTEGUMENT OF THE KNEE—ERYSIPELAS AND AMPUTATION.

By WM. P. RODEFER, M. D.

Of New Market, Tenn.

Late Surgeon, A. M. D., U. S. A., in charge of A. M. Hospital, Knoxville, Tenn.

On the morning of the 23d day of April, 1865, W. G. E., a private of Company K, — regiment of Indiana Volunteer Infantry, was received into hospital, on account of a "sore leg," as the patient expressed it, which had for its origin a pistol-shot injury of the integument immediately over the region of the knee joint.

The patient was represented as being a strongly-built man, about twenty-six years of age, robust, apparently of a previous good constitution and a well-developed muscular organization, but somewhat singular to record, of a highly marked nervo-lymphatic temperament, the lymphatic largely predominant, with light blue eyes, fair complexion, light hair, and a delicately organized skin. There was strong evidence of the existence of a scrofulous diathesis, the marks of old abscesses in the cervical and submaxillary regions being quite prominent, and the hereditary predisposition to tubercular disease being well known to him and his friends.

On examination by the Assistant Surgeon in charge of the hospital ward to which the patient was assigned, the case was reported on the bed-card as one of phlegmonous erysipelas of the right leg, consequent upon a grazing wound in the region of the knee, produced by a buckshot ball, discharged accidentally from a small-sized Smith & Wesson's pistol, in the

hands of a fellow-soldier. The patient was in good health at the time of the accident, and suffered no inconvenience from the slight injury which was done to the skin, until the evening of the fourth day, at which time attention was drawn to the part by a burning pain in the region of the wound, which, on examination, was found to be vesicated, red, hot and tender; the redness extending to a considerable distance from the point where the bullet had made its mark. The following day, violent constitutional symptoms set in, and the man was sent at once to the hospital for treatment.

On the afternoon of the 29th of April, six days subsequent to his admission into the hospital, and ten days from the occurrence of the accident, I was requested to see the patient in consultation with two of the medical officers of the house, with a view to amputation of the limb. The case had all along been under the care of an intelligent and faithful officer, who had well-nigh exhausted the lists of *materia medica* in trying to arrest the abnormal action and sustain the sinking system.

On examining the present condition of the patient, we found the whole of the right leg, from the big toe upward to a point not exceeding two inches above the knee, involved in phlegmonous erysipelas. Across the anterior aspect of the limb and just over the knee, there was seen a dark blue line, evidently made by the ball, but no penetration of the skin, and no mark of injury except what had occurred to the epithelium from the grazing of the skin. The limb, from the lower portion of the foot upward, to the middle third of the thigh, was enormously swollen, hot, burning, and painful, with extensive vesication, and evidences of deep fluctuation at numerous points. The patient suffered se-

verely from exposure of the parts during the examination, and complained that "it set his leg on fire all over!" The surface of the limb was of a deep, livid redness, and presented to the eye of the observer many of the leading appearances of a part which was rapidly approaching a gangrenous condition.

The constitution of the patient was sympathizing to a great degree, the man being fretful and irritable when aroused, but sinking at once into a stupor, with low, muttering delirium. The pulse was rapid, but extremely feeble and difficult to define; the countenance was that of one laboring under serious enteric fever, and the general aspect pointed clearly to a pyæmic condition of the blood.

The decision of the consulting surgeons, after mature deliberation, was unanimous in favor of amputation, as being necessary to preserve life; and, at the request of the medical gentlemen present, I at once proceeded to remove the limb at the upper third of the femur, by means of the antero-posterior flap method, the patient being fully under the influence of chloroform. The operation was performed as rapidly as possible, and the vessels were secured with the loss of but little blood. The flaps were brought together by means of silk sutures, and the stump was dressed with a weak solution of sulphite of soda and alcohol. The patient was put at once on the use of stimulants and iron, with generous diet. Anodynes were given to control pain.

The recovery was prompt and rapid; and in less than four weeks from the time of the operation, the patient was able to walk about, with the aid of his crutches, over the hospital grounds. Within the subsequent three weeks, the wound healed throughout its entire extent, and the stump presented an appearance of which the most accomplished operator might reasonably feel proud.

On examination of the excised limb, the whole of the muscular organization was found to be involved in serious destructive inflammation. Numerous abscesses were discovered at almost every stroke of the knife; and it did, indeed, seem, as was facetiously remarked by one of the hospital stewards, who was present at the amputation, that "all we needed to have a well of pus was to put a wall around it." The tissues were much softened, so that the index-finger could be readily introduced into their substance. The periosteum was exten-

sively involved in the diseased action, being of a dirty, yellowish color, slipping under the finger like the skin of a spoiled catfish, and entirely separate from the bone, the surface of which latter was rough, resembling somewhat in appearance and feel the coarser side of a blacksmith's rasp.

The propriety of amputation was freely and fairly discussed in the consultation of surgeons, and the result, which was arrived at only after mature deliberation, fully sustained the wisdom of the decision. There is not the shadow of a doubt in the mind of any one who saw the condition of the patient on the day of the operation that amputation was the means of saving life; and, we may well ask, who could doubt it?

The after treatment was as simple as it was efficient. The use of the solution of sulphite of soda,\* in all cases where we are called on to operate in erysipelatous patients, as a dressing, I regard as of the greatest importance. Considerable experience in the use of this remedy as a local application has led me to conceive that the addition of a small quantity of alcohol increases its efficiency.

\* R. Sodæ sulphit., ʒij.  
Alcohol. pur., 1ʒxij.  
Aque, cong. j. M.

S.—Saturate a piece of well-worn linen, and wrap the stump in it.

### ENCEPHALOPATHY.

By C. W. FRISBIE, M. D.,

Of East Springfield, N. Y.

Was called June 16, 1870, to see Robert Van Horne, æt. 27; married; a painter by trade. Four months previously he had *colica pictorum*, which terminated in enteritis, with a good deal of cerebral disturbance. Was confined to his room at that time for three weeks. Since then he has followed the occupation of a paper-hanger, and has painted some, perhaps to the amount of one week's work.

June 14th he walked a distance of 17 miles, which quite overcame him. When called on the 16th, found patient complaining of pain in the stomach over kidneys and some in the bowels; cramping in the calves of the legs, and a peculiar heat or soreness in the soles of the feet, feeling, as he said, as if they had been pounded, which I attributed to the walk. Had taken a dose of castor oil in the morning, which acted freely by noon; had vomited once.

June 17th.—Feels quite well, with the exception of the soreness and burning sensation of the soles. I found, on examination, a good deal of tenderness in the joints of the toes on movement. Told him at the time I thought it was rheumatic, and would pass off in a short time if he kept quiet. There was no blue line on gums or dropping of the wrists, which he said had been well marked in his former sickness. At noon went down stairs to dinner; ate quite heartily of food, which the stomach rejected.

He then took to his bed, his friends noticing that something was wrong, and he himself observing that he was "dreadful nervous."

I was again called in at 3 P. M., the messenger stating that the patient was blind. I soon discovered that there had been a wild fit of some kind.

He was very anxious, and did not want me to leave him alone. I then learned that the rheumatic pains of the limbs, soreness of the soles, etc., had entirely disappeared. The pain and cramping in the stomach and bowels, however, was more severe than the day before. I did not observe any constriction of the muscles of the abdomen, nor that it was any flatter than normal.

The heart was pounding violently, and in a few minutes there occurred a well-marked epileptic convulsion, which recurred at intervals of an hour, until he had had four. From this time (7 or 8 o'clock in the evening) he passed into a state of active delirium, pulse 100 and upwards, heart thumping powerfully. After failing by other means, I succeeded in producing sleep and quiet with three successive doses of chloral of 20 grains each. The urine I had previously found to be loaded with lithates, and strongly acid.

Saturday, 18th, was some better, although with slight delirium; rested quite comfortably through the night; and Sunday, 19th, was rational and apparently improving. Sat up in bed to be shaved, and had quite an amount of company, contrary to directions.

In the evening was much exhausted. Passed a restless night, and Monday, June 20th, was again in active delirium, which continued through the day and following night.

Tuesday morning the patient was evidently sinking from exhausted nerve force. He, however, rallied on a liberal use of stimulants and quinine, and in the evening was better again, being rational for a few minutes at a time.

Through the night was very uneasy and slept a little. Wednesday, not as well as the previous evening.

In consultation with Dr. VanHorne (who was also in consultation on Tuesday), considering that there might be a rheumatic poison at work in the system, we put the patient on full doses of sodæ sulphis and continued the stimulants. The bowels had been somewhat tympanitic, which was relieved by turpentine stupes. The heart and pulse we found it impossible to control with aconite, gelsemin or veratrum, the last of which I had pushed until it produced nausea and vomiting.

Thursday morning we found the patient with better symptoms, which gave us much hope, also the opinion that our previous suppositions in regard to a rheumatic diathesis had been correct.

About 3 P. M. the bowels began to bloat again, with tenderness on pressure; delirium still continuing. At 12 o'clock, midnight, Dr. Merritt, of Cherry Valley, was called in consultation, and we agreed to put the patient on the following treatment:

R. Mass hydrarg.,	gr. xij.	
Ipecac.,	gr. xij.	
Bicarb. soda,	ʒj.	M.
S.—Commminute, divide into twelve powders, and give one every four hours.		

Chloral q. s. to produce quiet and sleep; an enema to be given in the morning; to have iced milk *ad lib.* All other treatment to be omitted; is to have food when he calls for it.

Friday, June 24th, the enema was given and acted well, producing three good evacuations, after which the patient seemed as rational as ever, and called for food. Slept well through the night on one 20 grain dose of chloral. Saturday, very much improved, but mind beginning to wander a little by night; has taken food regularly through the day (Saturday) in small quantities; pulse about ninety-five; force of heart much modulated.

Sunday, 26th, I discovered, for the first time, a blue ridge about several of the teeth where there was tartar collected. The fore arms and hands are also beginning to droop. Patient passed a very restless night, refusing to take medicines.

Monday, 27th, 8 A. M., is more quiet than during the night, although wild yet. The pulse, 120 but full and strong; still refuses medicine and food; urinated this morning; bowels moved twice yesterday; skin moist, as it has been all through the sickness. For the

past four or five days there has been quite an abundant secretion of mucus in the throat, which has been raised with some difficulty.

At 9 A. M. seemed to be in full possession of his mind; asked to be raised to clear his throat; called his friends by name, and expired without a groan or struggle.

The points of interest in this case are: First, the delayed development of the more prominent diagnostic symptoms of lead poisoning. Second, the marked rheumatic symptoms. Third, the rapidity of the pulse, which is rare in these cases; and fourth, the mode of death. We should have looked for a comatose state rather than one in which the mind was clear.

#### PUERPERAL CONVULSIONS.

By WM. M. EAMES M. D.,

Of Ashtabula, Ohio.

[The following article, which has been in our drawer for some time, was suggested by an article published in THE REPORTER of several months since.

EDS. MED. AND SURG. REPORTER:

The article in reference to puerperal convulsions, in the last number of THE REPORTER, recalls some cases of that fearful malady that have occurred in my own practice. Only six cases of well-marked symptoms have come under my observation in a practice of nineteen years. Two of these cases, which occurred within the past four years, present some points which may be of interest to the general practitioner, and I send you brief notes of them:

Mrs. A., of Kelloggsville; æt. about 35; primipara; had been in labor many hours, with hard pains; Dr. H., an old and highly-respectable physician, had charge of the case, and reported that everything seemed favorable for a natural termination of the labor; but on account of rigidity of the os uteri, he anticipated a tedious labor. In the midst of a pain she was seized with a violent convulsion, accompanied with frothing at the mouth and loss of consciousness, and followed by a partial cessation of labor pains.

When I saw her she had had eight convulsions, having just come out of the eighth as I entered the house. They averaged about one every half hour, and came on during the pains.

The ninth convulsion came on before I could get ready to go to the sick-room, and

was of such force as to cause a jarring sensation all over the house. I found the patient to be a slender-built person; pulse, 150; she was entirely unconscious, and breathing with some stertor. The attendants declared that she had not been conscious since the first convulsion.

The case looked almost hopeless; but as the os had become dilated to near the size of the palm, it was thought best to deliver with the forceps, and I proceeded at once to do so. Scarcely a quarter of an hour had elapsed after this decision had been made before the child (a small one) was delivered and the placenta removed. The pains aided the expulsion of the fetus, but also brought on the tenth convulsion. The child, after many efforts to resuscitate, began to breathe, but the mother showed no signs of returning consciousness for some 48 hours. She continued in a comatose collapsed condition, with extremely rapid pulse and many alarming symptoms, until she came gradually back to consciousness. She was treated with saline cathartics and enemata to evacuate the bowels; mild diuretics and strong stimulant applications to the spine, but the convulsions did not return, or show any symptoms of returning after delivery. She made a slow but perfect recovery.

The second case came under my care early in the labor. The patient, Mrs. R., was also a primipara; 20 years of age; of a robust, full habit. She had had dizziness and pain at the epigastrium at times for weeks before labor set in. A frightful convulsion was the first symptom to usher in the labor. The convulsions were repeated at intervals of about an hour, and each one rendered her more and more insensible. I arrived after the fourth convulsion, and found her with flushed countenance, hard, full, and rapid pulse (about 110).

She answered questions with hesitation and difficulty, and wished to be let alone. The pains were not perceptible. I opened a vein and took away about twenty ounces of blood, and gave her chloroform to inhale, and Norwood's tinct. of veratrum, and a large dose of hyd. chlor., mitis, and rhei—(say 10 to 15 grs.) She also took a warm foot bath. An examination per vaginam showed a slight dilation of the os, and the protruding membrane. She continued some two hours after the venesection without a convulsion; but at the end of that time, much to my horror, she went



into the most terrible epileptiform convulsions I had ever witnessed. Her lips and face were livid; her eyes rolled as if in agony; she breathed as if the air passages were in a rigid spasm, and gnashed her teeth and hissed forth bloody foam at a fearful rate.

Her breathing might have been heard many rods from the house. The attendants declared that it was like the other fits she had had. Hoping to check these frightful paroxysms, I abstracted more blood, in the interval, and gave chloroform and sulph. ether by inhalation, and applied cold to the head, and gave bromide potass., but all to no purpose. She continued to have convulsions until she had some 15 or 16, when the os became more dilated, and with the assistance of Dr. Hubbard (who had been called), she was delivered of a dead fœtus, by means of forceps. The paroxysms, however, still continued until she had 48 in all, averaging some 50 to 60 minutes apart.

Something like 60 or 70 ounces of blood were abstracted in all before the delivery. After that she was thoroughly purged, her head thoroughly shaved and vesicated with cantharidal collodion across the region of the frontal bone, and a bladder of ice kept constantly on the occiput. Violent stimulants were applied to the upper portion of the spine, such as chloroform, ammonia, and mustard. The pulse rose to 140, and at times higher during convulsions, and after delivery the surface and extremities were cold. She remained stupid, with stertorous breathing for about 48 or 60 hours, and was nearly a week in an unconscious condition, when she gradually recovered. Her mind, and especially her memory of past events were greatly impaired for weeks. Phlegmasia dolens supervened, both limbs being affected. She is now in good health, but subject to local congestions and loss of sensation and power of motion in various parts for a short time.

Of the remedies used I give credit to the copious venesections, inhalation of anæsthetics, mercurial purgations, and in the later stages, to vesications and local cold applications. Many other remedies were tried, but seemed to be powerless, the bromide of potash among them.

The case first mentioned seems to me to have been one of epileptiform convulsions, occasioned by excessive irritation, and the entire removal of the cause by instrumental delivery

put an end to all the paroxysms. Other remedies were useless till this was accomplished. The second case was a well marked example of uræmic poisoning, followed by the characteristic convulsions, viz.: apoplectic, with an epileptiform tendency, or a mixture of the two forms, which cases are too apt to end in death.

#### A CASE OF RUPTURE OF THE UTERUS.

By THOS. F. MOSES, M. D.,

Of Glendale, Ohio.

On the 27th of February I was called to attend in labor Mary P. V., a German woman of small, almost dwarfish stature. An examination disclosed a breech presentation, and as the labor was proceeding normally, and was likely to be tedious, I went away to return after a few hours. On my arrival in the evening the pains were very frequent and violent, and there was a constant escape of meconium. The os was fully dilated, and the breech firmly impacted in the pelvis. The woman showed no signs of exhaustion, and the presenting part continued to advance slowly, so interference was not decided necessary. I was particularly struck with the violence of the pains. All at once, during a pain, the woman uttered a sharp, terrible cry, and complained of intense pain over the lower part of the abdomen. The presenting part immediately receded, and it was evident that rupture of the uterus had occurred. A state approaching syncope supervening, I did not immediately deliver the child, and the friends of the patient sent for a priest, thinking her dying, which opinion I shared. After receiving the last offices at the hands of the priest she revived a little, and requested me to relieve her, if possible, from her agony. I stated to her the small probability of her recovering, and proceeded at once to deliver, passing my hand through the rent in the anterior wall of the womb, and finding the feet in the abdominal cavity I brought them down separately, and soon completed the delivery. Only the lower part of the body of the child had passed into the abdominal cavity. The rent extended from the fundus quite through the os, and communicated with the bladder. After accomplishing the delivery, I introduced my hand again into the womb to make sure that no loop of intestine was entangled in it, and at the same time removed a large clot.

The child, which was a finely-formed boy of more than 12 pounds weight, was of course dead. My only idea now was to make the poor woman as comfortable as possible during the remaining hours of her life, and I administered at once hydrate of chloral in solution, 30 grains, leaving a weaker solution to be given at intervals, in order that its influence might be kept up. Next day I found the abdomen enormously distended and tympanitic; pulse 130, and the face pinched and expressive of great exhaustion. Continued the chloral and ordered turpentine stupes over the abdomen. Patient dozed most of the time during the day, but was easily roused. The following morning the abdomen was still distended, but less than on the previous day, and the pulse had fallen to 80!

Twenty-four hours later there was a still further improvement, and the abdomen was softer and less painful under pressure. The next day, 72 hours after the delivery of the child, there was such a marked improvement that I considered the patient out of danger, and from that time on she continued to improve so that in three weeks' time she was about her usual avocations, suffering only from debility and the constant dribbling of urine from the fistulous opening in the bladder.

The patient was advised to go to the Cincinnati Hospital and submit to an operation; but, fearing such a procedure, she applied to another practitioner for relief, and was treated for a long time for incontinence of urine. Finding no benefit, as a matter of course, she has finally followed my advice, and is now (July 15), an inmate of St. Mary's Hospital, Cincinnati. The result of the case I have not yet learned.

Two things are worthy of note in this case: recovery after such extensive laceration of the uterus, and the seemingly beneficial effect of the chloral hydrate in subduing extensive peritonitis.

## HOSPITAL REPORTS.

### UNIVERSITY OF PENNSYLVANIA.

Clinic of J. E. GARRETTSON, M. D.

(REPORTED DR. DE F. WILLARD.)

#### Epulis.

I exhibit to the class this young man, who has, as I want all distinctly to see, a fleshy growth springing from the gum between two of his teeth, this growth falling into and filling a very large cavity in the side

of one of them, the first molar. I want you to look at this little tumor closely, because, insignificant as it is, it can furnish us with a text, the study of which may, on future occasions, prove of very great service to all here assembled. Let me strengthen the force of this remark by saying, that for the cure of just such tumors as the one before us I have seen a patient maimed in appearance and comfort for life, through a resection of the jaw performed for its cure, while I will show you that this one, their analogue, will be cured without being even touched, except as such touching may concern the pulling out of a tooth.

The study, not of epulis, but of the epulides, is one which I much desire to be able to make very plain to you; for if you fail to comprehend the subject clinically, I am pretty certain you will not get a sufficiently clear comprehension of it from the books, at least for practical purposes.

Let us begin at the beginning: What is an epulis? There is no special disease which can be so called, and with a distinctive meaning. The derivation of this word epulis is from the Greek *epi*, "upon," and *outon*, "the gum," and thus signifies a something or anything upon the gum. What would the class think should I show you a mass of tartar encircling a tooth and resting upon the gum, and call this mass an epulis. Yet for all, it would be epulis, and I would have the same right to call it epulis as has the most learned writer, who gives this name to any other condition of the gums.

The term is in fault; it is inadequate in expression, used as a noun, and must ever remain so, because from the gums and from the alveoli of the teeth grow tumors of various signification; so various, indeed, are these growths, that while some are so malignant as to defy every remedy brought to bear on them, others, as the one before us, are so simple and benign, that, as I have said, the extracting of a tooth, or, indeed, the simple obliteration of a carious cavity, will be all-sufficient for the cure.

If you have read much on this subject you will necessarily have been struck with the fact that the most opposite conditions bear a common name, and that authors dispute in every volume the benignity or malignancy of such growths; and like hundreds of others, you have perhaps turned from the subject, feeling that, with all your efforts, you have failed to understand just what epulis is.

From the gums, and from the periosteal tissue of the alveoli of the teeth, we have, as I have said, tumors of various signification; for example, some that are erectile in character, others fibroid, the fibro-recurring, the semi-cartilaginous, the encephaloid, the pulp-fungoid, etc. Any or all of these growths are indiscriminately described under the common term epulis. Take, as an example, Mr. Fergusson's description of epulis: "Epulis," says Mr.

F., "is a disease which begins as a small spot either on the outer or inner surface of the gums." Again, in another part of his writings, he says: "Epulis consists of a swelling of solid bone, the hard part of the bone being primarily affected. Still again: "Epulis is an osseous cyst, containing a glairy or a serous fluid." Mr. Paget, on the contrary, quite ignores the existence of epulis. When you return to your homes read his history of the myeloid diseases.

Now, will it seem to you to use a paradox, if I say that Mr. Fergusson is right in calling these most opposite conditions described by him epulis? He has only, in this particular case, failed in his usually happy way of putting things. So, also, the myeloid tumors instanced by Mr. Paget, as being mistaken for the epulides being upon the gums, must necessarily have been true epulides, and those who disagreed with Mr. Paget, calling them by such names were right—right in a sense; yet, also, was Mr. Paget right. The one class called them epulic, because they were situated upon the gums, and it was their nomenclature thus to call all tumors so situated. The other class designated the growths pathologically.

Now let us see how easy it is to reconcile these different nomenclatures of one and the same disease. I have already indicated that this word epulis could not, from its very derivation, apply as a noun-substantive—it has no other than an adjectival or anatomical application; and when so used it is a remarkably expressive word. Suppose then we discard the term as a noun, as a word having pathological signification, and apply it alone in accordance with its anatomical derivations. Take now the tumors of Mr. Paget: they were marrow-like in structure—they were, therefore, myeloid growths; but their situation was upon the gums; they were, therefore, epulic. We convert now our noun into an adjective, and fully describe these tumors in calling them epulo-myeloid; does this not reconcile the differences, and is not the compound solidly expressive. An epulo-myeloid growth is a tumor situated upon the gums, marrow-like in its pathological character. There is expressed at once, and happily as it seems to me, location and character.

If, gentlemen, you are prepared to accept of the change proposed, you can never again possibly find yourself confused by any writer or any clinician on this subject; he may call his tumor how and what he pleases, but you will comprehend him.

You are at least to understand me, that I shall never have an epulis to show you, but without doubt I shall have opportunity to treat before you, numerous cases of epulo-fibroid, epulo-erectile, epulo-cartilaginous, epulo-carcinomatous and other of the epulide tumors. Epulis, *epi* upon, is with us always, remember, an adjective, and not a noun; it describes the location of a disease, not its character.

I return now to the case before us. While superficially viewed, this tumor looks as if growing from the socket of this molar tooth. I have found by carefully pressing it away that this is not the case, but that indeed it is nothing but a strangulated mass of gum tissue. Let me explain this to you.

Here, in my hand, is the model of a molar tooth; it has, as you see, a great cavity excavated in its side. Now, I encircle the base of the crown with this mass of lint, which lint is to represent the gum, and does represent it exactly, in its relation to the body of a tooth. Look now, and you will observe that the base of the cavity is concealed from sight by the lint. The cavity runs below the circle of the lint. Suppose now that I should wet this lint so that it should swell, would not the portion that lies over the cavity fall into it? This is exactly the history of the little tumor before us. The cavity of the tooth runs below the margin of the gum; this gum tissue has become congested, wet, if you please, and it has swelled up, over, and into the cavity—which swelling, together with the pressure between it and the adjoining tooth, has strangulated the gum, hence its livid aspect; the strangulation in turn, has added a second source of irritation, thus explaining, the congested look of surrounding parts.

Understanding now the explanation I have given you, the treatment of this case resolves itself into such simplicity that it is as though one might say, "I have a string around my finger, which is so tight it cuts off the circulation." You would cut the string, would you not? Just so. You would pull out this tooth or you would obliterate the strangulating cavity.

If you would determine on doing the latter you would first, with a sharp bistoury, cut the growth from the cavity, and next, saturating a piece of cotton with a solution of gum sandrach, you would force it into the place just occupied by the removed tumor. Two things cannot be in the same place at the same time, and you would be sure to cure the condition. A permanent cure, however, thus attempted, would have to be secured by a permanent filling up of the cavity. If convenient, the best way to accomplish this would be to send your patient to his dentist. If this could not be done, then a piece of gutta percha sufficient to fill the cavity might be softened in a flame, and thus be packed into the tooth. A little cold water held in the mouth for a few moments would harden this, and it will last sometimes two or three years, particularly if, before its introduction, all decay has been removed from the parts.

This, then, is a history and the treatment of one of the epulides; the other extreme will, sooner or later, compel me to re-sect the whole jaw before you.

Here is a specimen which I desire to show you: It is a model of a molar tooth; an exact model,

The child, which was a finely-formed boy of more than 12 pounds weight, was of course dead. My only idea now was to make the poor woman as comfortable as possible during the remaining hours of her life, and I administered at once hydrate of chloral in solution, 30 grains, leaving a weaker solution to be given at intervals, in order that its influence might be kept up. Next day I found the abdomen enormously distended and tympanitic; pulse 130, and the face pinched and expressive of great exhaustion. Continued the chloral and ordered turpentine stupes over the abdomen. Patient dozed most of the time during the day, but was easily roused. The following morning the abdomen was still distended, but less than on the previous day, and the pulse had fallen to 80!

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### Epulis.

I exhibit to the class this young man, who has, as I want all distinctly to see, a fleshy growth springing from the gum between two of his teeth, this growth falling into and filling a very large cavity in the side

of one of them, the first molar. I want you to look at this little tumor closely, because, insignificant as it is, it can furnish us with a text, the study of which may, on future occasions, prove of very great service to all here assembled. Let me strengthen the force of this remark by saying, that for the cure of just such tumors as the one before us I have seen a patient maimed in appearance and comfort for life, through a resection of the jaw performed for its cure, while I will show you that this one, their analogue, will be cured without being even touched, except as such touching may concern the pulling out of a tooth.

The study, not of epulis, but of the epulides, is one which I much desire to be able to make very plain to you; for if you fail to comprehend the subject clinically, I am pretty certain you will not get a sufficiently clear comprehension of it from the books, at least for practical purposes.

Let us begin at the beginning: What is an epulis? There is no special disease which can be so called, and with a distinctive meaning. The derivation of this word epulis is from the Greek *epi*, "upon," and *outon*, "the gum," and thus signifies a something or anything upon the gum. What would the class think should I show you a mass of tartar encircling a tooth and resting upon the gum, and call this mass an epulis. Yet for all, it would be epulic, and I would have the same right to call it epulis as has the most learned writer, who gives this name to any other condition of the gums.

The term is in fault; it is inadequate in expression, used as a noun, and must ever remain so, because from the gums and from the alveoli of the teeth grow tumors of various signification; so various, indeed, are these growths, that while some are so malignant as to defy every remedy brought to bear on them, others, as the one before us, are so simple and benign, that, as I have said, the extracting of a tooth, or, indeed, the simple obliteration of a carious cavity, will be all-sufficient for the cure.

If you have read much on this subject you will necessarily have been struck with the fact that the most opposite conditions bear a common name, and that authors dispute in every volume the benignity or malignity of such growths; and like hundreds of others, you have perhaps turned from the subject, feeling that, with all your efforts, you have failed to understand just what epulis is.

From the gums, and from the periosteal tissue of the alveoli of the teeth, we have, as I have said, tumors of various signification; for example, some that are erectile in character, others fibroid, the fibro-recurring, the semi-cartilaginous, the encephaloid, the pulp-fungoid, etc. Any or all of these growths are indiscriminately described under the common term epulis. Take, as an example, Mr. Fergusson's description of epulis: "Epulis," says Mr.



F., "is a disease which begins as a small spot either on the outer or inner surface of the gums." Again, in another part of his writings, he says: "Epulis consists of a swelling of solid bone, the hard part of the bone being primarily affected. Still again: "Epulis is an osseous cyst, containing a glairy or a serous fluid." Mr. Paget, on the contrary, quite ignores the existence of epulis. When you return to your homes read his history of the myeloid diseases.

Now, will it seem to you to use a paradox, if I say that Mr. Fergusson is right in calling these most opposite conditions described by him epulis? He has only, in this particular case, failed in his usually happy way of putting things. So, also, the myeloid tumors instanced by Mr. Paget, as being mistaken for the epulides being upon the gums, must necessarily have been true epulides, and those who disagreed with Mr. Paget, calling them by such names were right—right in a sense; yet, also, was Mr. Paget right. The one class called them epulic, because they were situated upon the gums, and it was their nomenclature thus to call all tumors so situated. The other class designated the growths pathologically.

Now let us see how easy it is to reconcile these different nomenclatures of one and the same disease. I have already indicated that this word epulis could not, from its very derivation, apply as a noun-substantive—it has no other than an adjectival or anatomical application; and when so used it is a remarkably expressive word. Suppose then we discard the term as a noun, as a word having pathological signification, and apply it alone in accordance with its anatomical derivations. Take now the tumors of Mr. Paget: they were marrow-like in structure—they were, therefore, myeloid growths; but their situation was upon the gums; they were, therefore, epulic. We convert now our noun into an adjective, and fully describe these tumors in calling them epulo-myeloid; does this not reconcile the differences, and is not the compound solidly expressive. An epulo-myeloid growth is a tumor situated upon the gums, marrow-like in its pathological character. There is expressed at once, and happily as it seems to me, location and character.

If, gentlemen, you are prepared to accept of the change proposed, you can never again possibly find yourself confused by any writer or any clinician on this subject; he may call his tumor how and what he pleases, but you will comprehend him.

You are at least to understand me, that I shall never have an epulis to show you, but without doubt I shall have opportunity to treat before you, numerous cases of epulo-fibroid, epulo-erectile, epulo-cartilaginous, epulo-carcinomatous and other of the epulide tumors. Epulis, epi oupon, is with us always, remember, an adjective, and not a noun; it describes the location of a disease, not its character.

I return now to the case before us. While superficially viewed, this tumor looks as if growing from the socket of this molar tooth. I have found by carefully pressing it away that this is not the case, but that indeed it is nothing but a strangulated mass of gum tissue. Let me explain this to you.

Here, in my hand, is the model of a molar tooth; it has, as you see, a great cavity excavated in its side. Now, I encircle the base of the crown with this mass of lint, which lint is to represent the gum, and does represent it exactly, in its relation to the body of a tooth. Look now, and you will observe that the base of the cavity is concealed from sight by the lint. The cavity runs below the circle of the lint. Suppose now that I should wet this lint so that it should swell, would not the portion that lies over the cavity fall into it? This is exactly the history of the little tumor before us. The cavity of the tooth runs below the margin of the gum; this gum tissue has become congested, wet, if you please, and it has swelled up, over, and into the cavity—which swelling, together with the pressure between it and the adjoining tooth, has strangulated the gum, hence its livid aspect; the strangulation in turn, has added a second source of irritation, thus explaining, the congested look of surrounding parts.

Understanding now the explanation I have given you, the treatment of this case resolves itself into such simplicity that it is as though one might say, "I have a string around my finger, which is so tight it cuts off the circulation." You would cut the string, would you not? Just so. You would pull out this tooth or you would obliterate the strangulating cavity.

If you would determine on doing the latter you would first, with a sharp bistoury, cut the growth from the cavity, and next, saturating a piece of cotton with a solution of gum sandrach, you would force it into the place just occupied by the removed tumor. Two things cannot be in the same place at the same time, and you would be sure to cure the condition. A permanent cure, however, thus attempted, would have to be secured by a permanent filling up of the cavity. If convenient, the best way to accomplish this would be to send your patient to his dentist. If this could not be done, then a piece of gutta percha sufficient to fill the cavity might be softened in a flame, and thus be packed into the tooth. A little cold water held in the mouth for a few moments would harden this, and it will last sometimes two or three years, particularly if, before its introduction, all decay has been removed from the parts.

This, then, is a history and the treatment of one of the epulides; the other extreme will, sooner or later, compel me to re-sect the whole jaw before you.

Here is a specimen which I desire to show you: It is a model of a molar tooth; an exact model,

only hundreds of times enlarged. It has, as you see, a great cavity, occupying the whole grinding face; and in this cavity is a red, fungous mass; the cavity communicates with the pulp, and the mass is the representative (often seen in practice), of a diseased hypertrophied pulp. Imagine, now, this pulp so overgrown and fungous as to bulge out over the tooth, covering it in as a thimble covers the finger; concealing it, indeed, from view, and hugging closely the surrounding gum. Do you not think it would be a very ugly sight? And to one not having an understanding of it, would it not be confusing? Many a man has lost a section of his jaw from such a tumor. And yet, for its cure nothing was demanded but the extraction of a tooth. This, you certainly see, for the association of such a tumor is alone with the inside of the tooth, with its nerve, or pulp cavity.

Here is still another specimen: You observe that on the side of one of the roots of this tooth is a hole. If the tooth was in the mouth this hole would be the eighth of an inch, at least, below the margin of the gum; out of this hole you notice the projection of a red fungous mass, precisely, indeed, like the last case, except that it is smaller; this is also a pulp-fungoid. After a time such a growth will work its way upward to the free surface of the gum, and will deceive any one not very conversant with such things. You will diagnose such growth by observing the following suggestions: First, these tumors are invariably fungoid; second, they will be found to hug more or less closely the side of the tooth; third, it is possible, by gentle manipulation, to work down alongside of them until the origin is seen. To cure them, it is only necessary to extract the tooth. These growths, being upon the gums, belong to the epulides, they are epulo-pulp fungoid tumors.

[NOTE.—The clinic was closed for the day by the exhibition, by Dr. Garretson, of patients upon whom he had, at various times, operated for the cure of different forms of epulic tumors, showing the advantages of certain forms of operations over others, and demonstrating the non-necessity for the extensive removal of bone so often commended and practiced.—De F. W.]

#### ALBANY CITY HOSPITAL.

Surgical Clinic of Prof. J. H. ARMSBY, M. D.

(REPORTED BY T. D. CROTHERS, M. D.)

##### Senile Gangrene.

CASE I. Here is a remarkable case which I wish you to note carefully. This patient is 72 years of age; a farmer; has been a healthy and robust man all his life; his parents were healthy, and lived to a good old age; he has always been temperate; has a ruddy complexion, and a well nourished body. About two years ago he noticed the nail of his big

toe became livid, and the toe began to swell; a dull, throbbing pain followed. There was no appreciable cause of any kind; the swelling and discoloration continued until gangrene came on, extending to all the other toes, which, in turn, separated and dropped off; then it went up the foot until the whole was gangrenous, separating and leaving the astragalus and a part of the os calcis connected with the leg. He came to me to have his leg amputated, thinking that if the diseased parts were removed he might substitute an artificial leg. I removed the os calcis and astragalus four days ago, dressing the stump and applying a solution of carbolic acid, giving the patient quinine, capsicum, and iron. My object is to avoid an amputation, if possible, which, in an old person with this disease, is rarely successful. As a rule, you will find that amputation in aged persons who have gangrene hastens rather than retards the disease. This stump looks unhealthy; it has been painted with tinct. of iodine and glycerine, and linseed meal and poultices laid over it. I shall continue this, in hopes that healthy granulation may follow. The pulse is normal, and the heart-sounds are natural; there is no evidence of disease of the veins or arteries; no oedema or tumefaction in the iliac fossa or groin, and I find no trace of disease beyond the parts affected. Now, what are the causes? The following are the most common: a degenerative condition of the arteries, with deficient muscular and elastic power; obstruction of vessels, with impaired condition and amount of blood; an enfeebled heart; a passive congestion or stagnation of blood in any part of its course, etc. Any one of these causes may produce gangrene. This is a case generally called "senile gangrene." Nélaton calls it spontaneous gangrene. It begins in degenerative tissues, feebly nourished, and at the extremities of the body; the parts grow dark, become dry and shriveled, then separate; sometimes as in this case, without much pain or constitutional disturbance, yet extends rapidly to the living parts, which take on inflammation, then die. A slight injury or abrasion hastens death, and seems to be the center or nucleus of more rapid degeneration. Statistics prove this disease to occur more frequently in adults and the aged, yet it is seen in the young occasionally. In all these cases, be guarded in your surgical interference, pursue an expectant plan of treatment, in all of which you will be frequently disappointed in the results.

##### Fatty Tumor.

CASE II. I have persuaded this man (Mr. Dunham, of Canada,) to come here that I may show his case, one of wonderful deposits of fat in the different parts of the body. Notice this remarkable cushion-like fold about the neck. It measures 36 inches in circumference on a level with the chin, 10 inches broad behind, 7 inches from a line extending out from the

back of the neck to the angle of the jaw, 9 inches from the angle of the jaw to the border of the tumor, which hangs down on his breast, and 15 inches laterally, from one extreme point to the other. Besides this he has deposits of fat in the gluteal region over the epigastrium, in the axilla, and in various parts of the body, yet he is in good health. He is a ship-carpenter by trade; has been unable to follow his business for fifteen years. Twenty years ago he noticed a small lump on his neck, which has been growing ever since, until it has reached its present size. He is 67 years of age; suffers no pain; sleeps well and eats well. Could labor were it not for the

inconvenience of these large masses of fat. He came here eight years ago, and a cast was taken of his neck and shoulders, which was put up in the museum of the college. I think he is larger now than at that time. Of course, nothing can be done. The vital organs appear to be normal; the pulse natural, and he bids fair to live some time, yet it is possible that these deposits may increase and take place in the liver and heart, and thus terminate life. In this case, you will notice, the fat has taken the exact form of the parts in which it is deposited. In other cases this excess of fat may cause the entire disappearance of the usual structure.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Hydrophobia.

M. BOULEY communicated to the Académie des Sciences, at one of its recent meetings, some of the results that have accrued from the investigation concerning hydrophobia during 1863-68, instituted by the Minister of Agriculture. We consider them of so much general interest, that we reproduce them from the *Medical Times and Gazette*.

1. In 48 departments in which rabies was stated in 108 reports to have occurred, 320 persons were bitten. 2. These 320 persons furnished 129 cases of hydrophobia—i. e., a mortality of 40.31 per cent. of those bitten. 3. In 123 known cases specified in the documents, no hydrophobic accidents followed the bites. The 68 cases, of which the subsequent history is unknown, in all probability, were also unattended by ill effects, as the occurrence of cases of hydrophobia almost always becomes known. 4. Of the 320 bitten persons, 206 were males and 81 females, the sex of 33 not being indicated. 5. In the 206 males the mortality was 100, or a little less than half; while in the 81 females it was only 29, or a little more than a third. This difference M. Bouley regards as a statistical accident, due to the small number of figures dealt with, but still one worthy of being noted. 6. The age of the persons bitten has been indicated only in 274 cases. The greatest number of cases (97) occurred between the ages of 5 and 15, but the occurrence of hydrophobia after the bite was noted only 26 times at that age, or 26.77 per cent; but in the subsequent decennial periods it rose to 48, 61, and 60 per cent. So that if children are more liable to be bitten they are less likely to have hydrophobia follow. 7. The bites were in the great number of instances inflicted by male dogs. In the 320 cases in question the bites were

made by dogs in 284, by bitches in 26, by cats in 5, and by wolves in 5. 8. As regards season, 89 persons were bitten in March, April, and May; 74 in June, July, and August; 64 in September, October, and November; and 75 in December, January, and February. So that it is evident that mad dogs have to be equally guarded against in all times of the year and all seasons. 9. The inquiry furnishes some important results as regards the period of incubation, being in accordance with those derived from prior inquiries. Of the 129 cases in which the bites were followed by fatal consequences, the period of incubation has been verified in 106, with the result of determining that it is during the first 60 days after the bite that hydrophobia is most frequently manifested—viz., in 73 instances out of 106. The remaining 33 are distributed as far as the 240th day—i. e., exactly six months, becoming, however, less and less numerous, so that after the 100th day there are only 1 and 2 cases, and at the sixth month only one. Hence the conclusion, that the chances of not contracting hydrophobia greatly increase when two months have elapsed, and that after the ninetieth day complete immunity becomes most highly probable. The present also confirms prior inquiries in establishing the conclusion that the period of incubation is shorter in proportion as the subject is younger. By ranging the cases under two periods—the one from 3 to 20 years of age, and the other from 20 to 72 years—it is found that the mean duration in the former was 44 days, and in the latter 75 days—a difference evidently of great consequence in relation to prognosis. 10. The duration of the disease was verified in 90 cases, and in 74 of these death occurred within the four first days, and especially on the second and third days. In 16 life was prolonged beyond the fourth day. 11. The inquiry furnished some interesting information as to the danger of the bites in relation to the regions on

which they were inflicted. Comparing the wounds having the same seat, it is found that of 32 where this was on the face, hydrophobia followed in 29. In 73 cases in which the hands were bitten, hydrophobia followed in 46, and immunity in 27. The wounds of the upper and lower extremities, compared with those of the face and hands, gave a reverse proportion. Thus in 28 affecting the upper extremities (the hands excepted) the deaths were 8 and the immunities 20; and in 24 wounds of the lower extremities 7 were fatal, and 17 unfollowed by ill effects. In wounds of the trunk, generally multiple, the fatal cases again predominate, being 12 in number to 7 immunities. These figures, like those of former reports, attest the comparative protection of those parts that are clothed. 12. With regard to the important subject of prevention—recovery as yet being unknown—M. Bouley observes that the present documents, like all those which have preceded them, show that cauterization of the wound and especially with the red-hot iron, performed speedily and completely, is the best of all prophylactic measures. Of 134 rabid wounds which were cauterised, immunity followed in 92, and death in 42; while in 66 wounds which were not so treated, immunity occurred only in 10, and death in 56. Although the actual cautery used boldly and promptly is the means which gives the best chance of protection, it may not always be possible to have recourse to it, and in its absence, or before its adoption, immediate suction of the wound should be resorted to, the patient performing this office himself at once whenever possible, the fluid which is thus drawn out by the mouth being immediately spit out again. The wound, too, should be encouraged to bleed by pressure, and should be continuously washed with any fluid at hand, as the *eau de Javel*, or even urine. Whenever the form of the parts permits it, the region should be surrounded by a circular ligature, and this should not be removed until cauterization has been performed, and after the evacuation by cupping of a good portion of the blood, the course of which it has suspended. M. Bouley makes no mention whatever of excision of the bitten parts, the means we usually resort to in this country.

#### The Cold Water Treatment of Typhoid Fever.

The *Cincinnati Medical Repertory* has the following translation from the German by E. Vogel:

Herman v. Boeck, house physician of the municipal infirmary of Munich (Bavaria), has published, after one year's experience in that institution, the results of the treatment of typhoid fever by cold water.

To Dr. Brand, of Stettin (Prussia) belongs the credit of having first brought to proper notice that treatment by which now one of the most pernicious

symptoms of typhoid fever, the excessive fever heat, is successfully combatted.

The exact experiments of Jurgenson of Kiel regarding the effects of bathing, and the pathologico-anatomical studies of Liebermeister concerning the influence of high temperature in fever, have contributed to elucidate the subject, and have placed it on scientific ground. Liebermeister's careful investigations show that the effects of exorbitant temperature of the body are chiefly directed to the parenchymatous organs, and particularly to the heart. These effects consist in fatty degeneration. Heart, kidneys and liver are affected in preference. Dependent on degeneration of the heart is, notwithstanding increase of contractions, a diminution of labor, from which results congestion in different organs, producing decubitus, hypostatic pneumonia, pulmonary infarcts, delirium (venous congestion of the brain). The severer forms of alteration of the kidneys found after death from violent fever are, according to Liebermeister, likewise attributable to excessive height of temperature.

A treatment succeeding in keeping down the fever heat within certain limits, might therefore be expected to save all those cases that otherwise would die, as *magnitudine morbi*; and furthermore, to diminish delirium, hemorrhage infarcts, hypostatic pneumonia, decubitus, meteorism, dryness of tongue, albuminuria, myorrhæxia, abscesses, ostitis interna, bleeding of the nose, excessive frequency of pulse, etc., while ulceration of the bowels and their perforation would perhaps not be prevented. As to the objection that the application of cold might bring on pneumonia, angina, bronchitis, rheumatism, collapse, intestinal hemorrhage, etc., experience has thus far shown so little harm and so eminent success, that apprehension on this point may be dismissed. The cold water, or better, the heat reducing treatment, is therefore as efficacious as quinine, whose anteperiodic value is, beyond doubt, a powerful means for counteracting the effects of fever.

It has been introduced into most of the clinical hospitals.

In the above named institution the water is generally taken first as it comes from the well at 50°, 55°, 64° F. The patient, denuded—women covered with bathing shirt—is put into a bathing tub one-third full and abundantly sponged over with a large sponge. If no counter indication exists, water is poured over his head. While this procedure is repeated the patient is admonished to exercise, to rub his feet and body, to stir, etc. He remains in the water from twelve to fifteen, sometimes from twenty to thirty minutes. The first cold drenching is to most patients very disagreeable. They complain of feeling very chilly and want to get out of the bath. Soon they commence shivering and shaking, their whole frame quivering, and teeth chattering, the skin quite



cold to the touch. At that stage they are removed. A large sheet is spread over the bed, and the patient enveloped in it; his feet are covered with a woollen blanket, and he soon feels comfortable, when his shirt is put on and he lightly covered.

As this treatment is as difficult for physicians and nurses as it is onerous to patients, bladders filled with ice (not too heavy) have been applied to head, chest and abdomen, with the effect of reducing considerably the number of baths necessary. Large doses of quinine may be used to increase the good effects of the bath.

As to the frequency of the operation, the temperature of the axilla was ascertained once every two hours, and one hundred and three degrees F. considered an absolute indication for a bath, the temperature of the rectum always being one degree F. above that of the axilla. A long continued moderately high temperature and a short continuance of excessive heat (over one hundred and five deg. F.) are very dangerous to life. It is therefore necessary to subdue the heat "*coup sur coup*" and nothing can be gained by ordering in an every day style a certain number of baths, say for instance "two every day." The maxim afterwards adopted in the municipal infirmary was to bathe whenever the temperature remained for hours above one hundred and two deg. F. and was gradually rising.

The number of cases of typhoid fever treated with cold water from Oct. 1st, 1868, to Sept. 29th, 1869, was one hundred and two, seventy-three men and twenty-nine women, ages ranging from fifteen to fifty years. The duration of treatment was from ten (all fatal cases) to over sixty days—at the average, twenty-nine days. Number of deaths nine. One very severe case recovered after seventy-two baths having been given in fourteen days, seven or eight in twenty-four hours for eight days. In all cases persuasion and occasionally a mild rebuke overcame the aversion of the patients. No coercion was resorted to. The author thinks there is no typhoid fever patient who will not, half an hour after the bath, admit that he feels comfortable, however much he may detest the operation.

Collapsed patients first undergo a stimulating treatment, and only after danger is removed efforts are made for abating the violence of fever. In intestinal hemorrhage, impending perforation and extreme debility, the patients are sponged over from quarter to half an hour with ice water, or, for one hour, enveloped every ten minutes in a wet sheet. The intervention of the menses, of pneumonia, of violent bronchitis are not considered counter-indications of the bath, this proving sometimes even the sole and sovereign remedy.

Bathing at night time cannot be avoided, but may be reduced to a minimum by proper distribution.

There are cases of typhoid fever, pneumonia, scarlet fever, etc., consuming the patient by excessive heat in a few days. The success of the cold water treatment depends, therefore, to a great extent, on its timely application. Whenever, in a new case attended with high fever, any doubt existed as to the diagnosis, whether it was typhoid fever, or pneumonia, small pox, measles, scarlet fever, intestinal catarrh, etc., the cold water treatment was brought into use at once. No apprehension need be entertained of a recession of the exanthema or of metastasis. No harm has ever been done, and even facial erysipelas with high fever, has been alleviated by bath and ice.

A nutritious diet is of the greatest importance; eggs, milk, Liebig's meat extract, wine, beer sugar, coffee, tea, etc., have been given. One of the great advantages of the cold water treatment is, *that most patients undergoing it, like to take food.*

The cold bath acts as a powerful irritant to the superficial *vaso-motor* nerves, and may effect complete contraction of the radial artery, extinguishing the pulse. This ought to give no alarm, nor is there any cause for uneasiness if, as sometimes is observed, violent cold chills occur several hours after bathing. No evil has ever resulted from it.

There has been no case of collapse.

The prognosis and the course of the disease are much more favorable than with other treatments. The patient keeps quiet in bed, has little headache, a moist tongue, moderate bronchitis, little meteorism, no decubitus, no violent delirium; being all the time in a conscious state there is almost no involuntary discharges; lifting or carrying of the patients are of rare occurrence.

Leaving out cases hopeless from the beginning or otherwise complicated, the ratio of mortality of typhoid fever with cold water treatment has been four per cent.

#### Gonorrhoea.

Dr. BLACK, of Glasgow, does not think that any irritant, whether chemical, physical, or vital, is quite sufficient to give rise to a gonorrhoea, and that "the majority of females who communicate gonorrhoea do not suffer from it themselves," as has been said by some authorities. He lays down two propositions—1. That married men have never been known to contract gonorrhoea from their wives; and 2. That in remote country districts, and in islands, where there is no prostitution, gonorrhoea is never seen save as an importation. The incubation period is from four or five days to some weeks. Gonorrhoea, then, is a local specific inflammation. His own firm conviction is that, when once the specific irritation sets in, neither diluents nor cooling drinks are of any use. Contrary to Mr. Hutchin-

son's views, Dr. Black thinks that in injections the amount of irritation, and the strength of the injection should be in an inverse ratio. He is persuaded that sulphate of magnesia should not be administered in the acute stage. He likes as injection, a mixture of sulphate and acetate of lead, three grains of the former to two of the latter, with a drachm of glycerine in an ounce of water, half of this injected four times a day. For repeated injections he prefers to retaining the solution. At the same time he administers cubebs. Chloride of zinc, three grains to the ounce, or a drachm of tannin with half a drachm of borax, and one ounce of glycerine in seven ounces of water, are recommended as injections.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Geo. H. Shaw & Co., Law Publishers, 176 Fulton street, New York, have in press, and will shortly issue, an octavo pamphlet of about 250 pages, containing a complete report of the Great Case of Alleged Malpractice—"Walsh vs. Dr. L. A. Sayre," of New York. Price, \$1.50.

We have from Lindsay & Blakiston the second edition of Dr. LEGGE's *Guide to the Examination of the Urine*. It is a convenient manual for the practitioner and student. The work has been carefully revised, and much new matter added to many of the sections. Price, 75 cents.

The Board of Regents of the Hudson county (N. J.) Hospital, have issued a report of their doings to the present time. The Hospital was formerly opened on the 2nd of June. The report gives an encouraging account of what it has accomplished, and its future prospects. The following is the Medical Staff: *Consulting Physicians*—Drs. H. D. Bulkley, New York, and J. M. Cornellison, Jersey City. *Consulting Surgeons*—Prof. A. C. Post, and J. Hinton, New York. *Attending Physicians and Surgeons*—Drs. I. N. Quimby, F. E. Noble, E. P. Buffit, J. B. Burdett, Jno. M. Julian, L. W. Elder, John Kudlick. *House Physician and Surgeon*—Dr. John Q. Bird.

### BOOK NOTICES.

*The Physical Exploration of the Rectum, with an Appendix on the Ligation of Hemorrhoidal Tumors.* By William Bodenhamer, A. M., M. D. William Wood & Co., Publishers. New York.

In glancing over this brochure of fifty-four pages by Dr. Bodenhamer, we are favorably impressed with the practical tact of the author in this particular branch of surgery. He has given a fair summary of the physical means of diagnosis to within four or five years. Since this period there have

been devised valuable instruments which are calculated to render more important services to rectal diagnosis than those he describes, some of which, in this section of country, at least, have been discarded, as the old bivalve speculum, and the plan of Storer has never had any advocates. The improvements we allude to are the endoscopes of Desormeaux and Wales, which, after repeated trials, have led us to adopt them as the most perfect means as yet devised to illuminate the entire length of the rectum and the sigmoid flexure. We have repeatedly introduced the large endoscopic tube of thirteen inches length, and inspected the mucous membrane with the greatest ease and satisfaction. We have made some experiments with long rectal tubes, and have no hesitancy in advancing the assertion that with ordinary skill the ascending colon can be reached, as alleged by Storer.

The first eighteen pages of the monograph is devoted to the anatomy of the rectum, and contains nothing that may not be found in the ordinary text-books on that subject.

Section four describes what purports to be the author's mode of "sounding the rectum," but which we have both used ourselves and seen employed by various surgeons several years ago, and as far as we know, is generally practiced.

The appendix was written for a periodical contribution, and discusses the subject of ligation of tumors; the author believes that he performs this operation differently and more intelligently than other surgeons, inasmuch as he avoids "seizing the tumors by the tenaculum and forceps, but always requires his patients to extrude the tumors by defecatory efforts, or by the efforts produced by means of an aperient or a relaxing enema," never employs a heavy silk cord, and does not place the ligature very close to the base of the tumor. All these points have been long since sufficiently dwelt upon by various surgeons.

The brochure is closed by the lament of thousands of persons who, dreading the formidableness of the galvano-caustic in other procedures, throw themselves in the hands of quacks, and urges us all "to rescue the piles from out of the hands of quacks, who have too long already monopolized it, to the exclusion and the disgrace of the regular profession," and we may add that no better beginning, as suggested, can be made than at 237 Fifth avenue, where the author can be found at the customary hours.

In conclusion, instead of following the usual custom of advising our readers as to the propriety of buying and reading the volume, we would first give the kindly advice to the author that it is better to stick to good English than to mar his volume by bad Latin, so marked on one or two pages of his brochure.

**MEDICAL AND SURGICAL REPORTER.**

PHILADELPHIA, AUGUST 13, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

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**VALUE OF THE OBSERVATIONS OF DISPENSARY AND COUNTRY PHYSICIANS.**

At a recent meeting at the Eastern Dispensary in New York, Dr. STEPHEN RODGERS remarked that some points referred to in a paper that had been read, recalled certain facts which he thought proper to mention. He (Dr. R.) could not remember a single instance, indeed he believed that there was not one on record, where medical men prominently connected with hospitals, whether in America or in Europe, had from the use of their resources made important discoveries, or otherwise enlightened the profession, to the same extent as those unconnected with these institutions. He instanced Dr. Jenner in England, and in New York, Dr. Cammann, and Dr. Loines—who he believed to be the best authority in this country on the subject of vaccinia. The doctor said that he preferred the dispensary, where disease is seen in its incipency, to the hospital practice; and though he valued the advantages of the latter, yet he deemed the first more practical, and instanced several important and original operations which he himself and others had performed in the dispensary clinics.

Dr. Rodgers may not do full justice to hospital physicians and surgeons, and may not sufficiently appreciate the advantages of hospital practice, yet we are constrained to admit that there is much that is true in his observations given above—for which we are indebted to Dr. R. B. Prescott, the efficient assistant secretary of the medical association connected with the Eastern Dispensary. And what Dr. Rogers claims for the dispensary physician we have often claimed for the country practitioner, who is called to treat disease in its incipency, and uninfluenced by the unfavorable hygienic surroundings to which most of the patients who frequent our hospitals are exposed, to say nothing of the many complications which accompany a large proportion of the cases treated in these institutions.

The country physician sees and treats diseases in an uncomplicated form, and generally with healthy surroundings. He is also thrown upon his own resources, and if he be a live, progressive man, is less liable to fall into routine practice, to which we believe hospital physicians are peculiarly liable. For these reasons we have always valued contributions from country practitioners to the literature of the profession, and have for twenty years done

all we could to encourage country physicians to write. We are aware that there is a class of men, mostly neophytes, of abundant conceit, who affect to despise contributions from such sources. But they are not men with whom wisdom will die—nor do they add more than others, or, indeed with all their “darkening of counsel with words without knowledge,” as much to the sum of medical knowledge. While giving them credit for whatever observations their limited means allow them to make, we must be allowed to place a higher value on the experience and observations of men, albeit of rough exterior, whose whole lives are spent in direct contact with diseases and injuries in their idiopathic, uncontaminated forms.

#### EXPLOSIVE COMPOUNDS.

Two instances have come under our notice lately, illustrating the necessity of great caution in the compounding of drugs and chemical mixtures. An English physician wrote the following prescription which developed results that were not accounted for by his philosophy in time to prevent a very unpleasant accident :

R. Argenti oxidī, gr. xlvij.  
Morph. muriat., gr. j.  
Ext. gentianæ, g. s. M.  
Make 24 pills and silver them.

The pills were compounded, put into an ordinary pill-box, and placed by the lady for whose “good health” they had been prescribed in her bosom. The nestling place proved too warm for the susceptible nature of the compound, and the result was, an explosion in three-quarters of an hour, which reduced the under-clothes to a tinder, severely scorched the right breast, and gave the surgeon a severe burn on the bosom to dress. But suppose the explosion had been in the stomach!

Another sad case has recently occurred, showing the importance of employing competent persons in drug establishments.

Mr. Whitesman, a clerk in the dry goods store of Mandel Bros., in Chicago, Illinois, was sent to get some compound made up of nitric acid and mercury. He went to the drug store of B. A. Leavenworth, and asked for what he wanted. There was a clerk in the store who knew where the nitric acid was, and where the mercury was also, and it did not require much chemical knowledge to pour some of both into a bottle and cork it tightly.

That was what he did, but he seems not to

have known the effect which those powerful bodies have upon each other, or how to mix them in proper and harmless proportions. The sad consequence was, that the unsuspecting young man took the bottle, which was hardly less destructive and dangerous than a torpedo, and went his way. He had not proceeded far before the compound exploded, burning his face and body frightfully, and, worse than all, destroying his eyesight forever. He was taken to his home, and Dr. Walker and others were summoned to his aid. They did all that skill and science could do to mitigate his sufferings, but it was beyond human power to restore sight to his darkened eyes.

#### Notes and Comments.

##### Long Island College Hospital.

PROF. ALPHEUS B. CROSBY, of the University of Vermont, has accepted the chair of surgery in the Long Island College Hospital, of Brooklyn, N. Y. Prof. Crosby is a gentleman of reputation as a lecturer, and we have no doubt his connection with the Long Island college will prove a valuable acquisition to its strength, and we congratulate the institution on having secured his services.

##### Australian Leeches.

A new variety of leeches is coming into the markets, from far off Australia. An exchange says:

The leeches found in the River Murray have qualities which render them formidable rivals of the speckled leech of Northern Europe. They bite freely, do not stick too tight, and do their office in such a workmanlike way that no inflammatory wound is left on the patient's skin. These advantages have been duly appreciated, and in Murray district much care is taken to preserve the leeches. Not satisfied with supplying the little blood-suckers to Colonial sufferers, the leech-farmers have recently ventured upon sending a consignment of them to England. They were packed in soft clay taken from the bed of their native river and have arrived safe and sound, after their long journey, in first-rate appetite, doubtless, and eager to strike a vein. It is a historical fact that England has bled her colonies by wholesale for centuries past, but this is believed to be the first instance on record where one of them has attempted to retaliate by phlebotomizing the mother country!

##### An Opening for Professors.

The Japanese Government has requested the King of Prussia to send out some German medical men capable of filling medical and surgical professorships.



Dr. Langenbeck has been entrusted with the responsibility of making the selections; and already Dr. Hoffman, an eminent naval surgeon, has signified his willingness to accept a call to Japan.

Since Prussia has, for a time at least, enough for all her medical men to do, could not the Japanese Government in mercy call off some of our surplus stock? There are medical men within a hundred miles of Philadelphia who would accept anything in the way of a professorship,—even from Japan!

#### A New Field for Physicians.

Here is something new, and our professional sisters have the credit of its discovery. The *College Courant* says:

Miss Alida C. Avery, M. D., is the resident physician at Vassar College. Her business is the prevention, as well as the cure of disease. Her duties include vigilant watch over the pupils. If she sees signs of over-work, she orders that one study, or two, perhaps, shall be dropped off. She daily inspects the table, orders this dish off and that one on, one to be served daily and another not at all, and conforms the diet to some standard of health.

That is all very well in theory, but we doubt very much about the practice. If lady students meekly submit to such arbitrary sumptuary regulations, we fear that the attempt to carry them out in colleges of the other gender would develop "insubordination." The rations supplied to the mess tables of college students are proverbially scant and poor, and a judicious ordering "off" and "on" of dishes with more reference, however, we opine, to the palate than to the health—would without doubt be tolerated, and we venture to say that the "resident physician" would soon learn that the *taste* of the students must needs be consulted, or his office will prove a thankless one. Still, we would be very glad to see the experiment tried, provided judicious appointments of resident physicians can be made.

#### Prof. Huxley and Materialism.

We are glad to see that Prof. HUXLEY is restive under the charges of materialism founded on his brochure, "The Physical Basis of Life." Had he been more positive in his statements, there would not have been any need of the explanation he makes.

In the preface to his new volume, entitled "Lay Sermons, Lectures and Addresses," which is shortly to be published by the Appletons, he says: "The essay on 'The Physical Basis of Life' was intended to contain a plain and untechnical statement of one of the great tendencies of modern biological thought against what is commonly called materialism. The result of my well-meant efforts I find to be that I am generally credited with having invented 'pro-

plasm' in the interest of 'materialism.' My unlucky 'Lay Sermon' has been attacked by microscopists, ignorant alike of biology and philosophy; by philosophers not very learned in either biology or microscopy; by clergymen of several denominations, and by some few writers who have taken the trouble to understand the subject. I trust that these last will believe that I leave the essay unaltered from no want of respectful attention to what they have said."

#### A New Anæsthetic.

Dr. LIEBREICH, of Berlin, asserts that he has discovered a substitute for chloroform, the use of which is free from all the disagreeable sensations consequent upon the use of that drug. He calls it ethylen chloride. It is a colorless fluid of an agreeable odor and very volatile. Sleep suddenly overtakes the inhaler, and he wakens quickly and involuntarily, as from a natural slumber.

If this statement be true, Dr. Liebreich will prove himself one of the greatest benefactors of the human race that has lived. It were glory enough for one man to have introduced so great a boon as chloral hydrate.

### Correspondence.

#### DOMESTIC.

##### Hemorrhage of the Urethra.

EDS. MED. AND SURG. REPORTER:

This trouble must certainly be of rare occurrence in civil practice, more particularly in its aggravated form, as will be detailed, since it has just presented itself to me for the first time in a professional life compassing fourteen years.

On the 26th of March last, Jim, an athletic freedman of 20 years, came to my office, stating that occasionally a few drops of blood dripped from the end of his penis at irregular intervals. This was attributed to an injury received in climbing over a fence.

Satisfying myself that there was no venereal complication, iron and arsenic were prescribed, affording entire relief in five days. On the 18th inst. he came to my office, ashy, haggard, and anxious looking, stating that while riding, the day before, the bleeding had broken out afresh, and was profuse. On examination, bright scarlet blood was found dripping rapidly from the orifice of the urethra, about a fluid ounce and a half hourly.

The recumbent position, cold applications to perineum and penis were at once ordered; internally, acetate of lead and opium in free doses, every two hours.

The morning of the 19th found but a slight change. Knowing the value of bi-tartrate of potassa in hematuria and menorrhagia, I prescribed it in 15 grs. doses, hourly. At 3 P. M. no relief, and hemorrhage telling constitutionally; injected through a female catheter introduced into urethra, gradually and carefully during the next hour, six ounces of a moderately strong solution of persulphate of iron—withdrawing instrument while throwing fluid in, so as to reach as much of the urethral tract as practicable.

No abatement of the bleeding followed this, and at 4 P. M. he took the first dose of the mixture then prescribed:

R. Saturated tinct. ergot,  
Oil of turpentine, aa f. ʒij.  
Tinct. chloride iron,  
Laudanum, aa f. ʒj.  
Gum-arabic mucilage, f. ʒviii. M.

S.—Take one tablespoonful hourly.

At midnight hemorrhage ceased entirely, and he is now, in less than 48 hours, ready to return to his work.

EDW. H. SHOLL, M. D.

Gainesville, Ala., July 21, 1870.

#### Miliary Tubercles with Dilation and Polypus of Heart.

EDS. MED & SURG. REPORTER :

The patient in question was a dark mulatto, sixty eight years of age, according to his own statement, but not so aged in appearance. His most prominent symptom, remarkable to the most superficial observer, was an extreme difficulty of respiration. This was perceived to be of an intermittent character, with a comparatively easy breathing of a short duration, succeeded by an intense panting or gasping for breath. He had anasarca, but not to an extreme degree. The right lung was somewhat dull on percussion, with bronchial inspiration and prolonged expiration; bronchophony and rales over the whole front part of this lung. These signs of tubercles were not so marked behind both lungs, or in front of the left, where there was puerile respiration. The dullness over cardiac region was marked—from left nipple transversely across to the distance of two inches to right of sternum. His pulse was regular, and of average frequency. I could not detect any valvular murmur, after repeated auscultation of heart's action. He had had a cough, he said, for a year or more; but this extreme difficulty of respiration had troubled him only four or five weeks before he came to me. He had been engaged as a farm laborer, and he was suddenly attacked by it one day while ploughing, and had to go home.

After being under observation some ten days he died rather suddenly, but not unexpectedly.

P. M.—assisted by Dr. Latimer, a *post mortem* examination was made an hour and a half after

death. The incision extending into abdominal cavity, below diaphragm, a considerable amount of dropsical fluid and dark venous blood issued. The cellular tissues and serous membranes overlying heart and lungs, and stained with blood, with which also the right cavities of heart and lungs were gorged. The liver appeared to be of large size, but healthy, and was not removed for examination. The heart was much dilated, filled in the right cavities with dark blood, with no discoverable disease of the valves. The left ventricle contained a polypus, opaque, gelatinous, of light yellow color, and of a pediculated globular shape. It was about two inches in length, the pedicle adhering to the endocardium, between two columnæ carnae, the globular portion floating loosely in the cavity. The mitral valves seemed healthy, though more yellow and opaque than usual, but perfect enough to perform their functions. The examination was confined to the condition of the right lung and heart, which verified the diagnosis made during life, viz: miliary tubercles in right lung, and dilatation of heart. The polypus seems to have originated the difficulty of respiration, which had only existed some six weeks. The intermittency of that trouble, so painfully remarkable, was, no doubt, occasioned by the impulse of the circulating fluid moving it upon, and interfering with, the mitral valve. The tubercles and dilatation were probably of much longer standing, and the case is interesting from the probable effect of the polypus.

R. HAZLEHURST, M. D.

Brunswick, Ga.

#### Fracture of Tibia by Muscular Contraction.

EDS. MED. AND SURG. REPORTER :

In April last, Geo. B., æt. 50, a workman in a ship-yard, in this city, in attempting to throw a heavy chain upon the staging of a vessel's deck, fractured his left tibia, two inches above the tibio-metatarsal articulation. That this fracture was caused by muscular contraction is proven by the following: No external object struck the leg; he did not fall; he was not standing upon one leg; his foot did not slip, and the fracture was very oblique.

Dressed it with wet paste-board splints and light muslin roller; and by means of the sand-bag, made extension from below and above the point of fracture. Very little inflammation ensued. But at the end of three weeks no union whatever had taken place. Continued the same dressings, keeping him quiet upon his back; and in eleven days more found that union had commenced.

When union of the fracture was so long delayed, as he had no cancerous or tubercular cachexy, never had syphilis, nor a bone broken before, I feared some modification of the nutritive process of the bone was the cause, and procured some of his urine.

which I had carefully examined, both chemically and microscopically, but failed to detect anything which would indicate such a condition.

Of the present condition of the bone, although there has been an unusually large deposit of provisional callus, there is no shortening whatever and no curvature, except the natural, which is perfect.

J. H. NUCE, M. D.

*Former member of the Faculty of the late Charity Hospital, Medical College, Cleveland, Ohio.*

**Another Case of Dropsy of the Amnion.—Tapping.—Deformed Fœtus (Acephalon).—Version on the Head.—Recovery.**

EDS. MED. AND SURG. REPORTER:

The case reported by Dr. J. B. CORY, in THE REPORTER, has an analogue in the following case of mine, which offers likewise interesting features and points of novelty. I was called about five years ago to see Mrs. B., of this city, æt. 37 years, in the eighth month of her fifth pregnancy. She complained of great pain all over the abdomen; the latter distended enormously; immense œdema of both legs; orthopnea; frightened, anxious expression of the face; bowels constipated; micturition difficult and painful; the dyspnea increased with every half an hour; anodynes proved fruitless, and I saw clearly that something had to be done to save the poor woman from suffocation. On vaginal examination the os was found dilated sufficiently to admit three fingers, and no trocar being at hand, I took what I thought would answer as well—the sharp point of a probe; plunged it into the protruding bag of the amnion, and was somewhat frightened at the sudden gush of two large bucketfuls of amnion liquor. The dyspnea and pain ceased at once; and after partaking of some stimulant the poor sufferer was willing to undergo another examination. This, after the escape of the immense quantity of water, disclosed a transversal position of the fœtus, with the head presenting on the right side of the mother. I say the head; but only after repeated explorations I arrived at the positive conclusion that the round, hard part of the fœtus was really the head. My puzzle had been caused by the fact that the head was wanting, the vault or upper hemisphere, so to say, which imparts that peculiar sensation to the exploring finger, which is experienced by the touch of the frontal, parietal, temporal and occipital bones. But the nates and feet being felt distinctly on the left side, the round body could not be anything else but the head.

My left hand being in the cavity of the uterus, I took hold of the head, grasped it with the full hand, and brought it down easily, supporting the walls of the uterus through the abdominal integuments with my right hand. One pain delivered the child. The latter belonged to that class of monsters called

"acephali." The frontal, parietal, temporal and occipital parts of the cranium were only in a rudimentary condition, and where the vertex capitis ought to have been, there was a depression, composed of fibro-cartilaginous rudiments of the said bones.

In this case, like the one described by Dr. Cory, deformity of the fetus went hand in hand with dropsical distension of the amnion. The books treating on this abnormal accumulation of liquid speak also of the frequent occurrence of fetal deformity in conjunction with dropsy of the amnion.

Before closing, I would state that my patient made a rapid recovery, and has been in excellent health ever since.

G. LIEBMAN, M. D.

*Baltimore, August, 1870.*

**Prolapsus Uteri—What is the Best Means of Support?**

EDS. MED. & SURG. REPORTER:

I have a case of prolapsus uteri, in which I find it necessary to use some internal support. I have used the ring; but either it was too small in size, or the heat of the parts softened it so as to render it ineffectual. I observe in the advertising columns of THE REPORTER that the cup supporter is highly recommended. Objections to this form of support will readily suggest themselves, as undue pressure upon the os, or insufficient support in case of procidentia threatening inversion, or necessity of removing at menstrual periods or on micturition, etc. But perhaps all these objections have been investigated and removed, by those who have used them. Will you, therefore, or some of your correspondents, enlighten me upon the subject of uterine supporters? What is the best form—stem, globe, cup, or what? It seems to me there is scarcely any subject connected with uterine therapeutics which is so little understood. Is it so, or am I behind the age in my reading?

*Essex, Vt.*

**Veratrum versus Opium—Mother's Mark.**

EDS. MED. AND SURG. REPORTER:

An opportunity has recently been afforded me of testing the practical value of Dr. —'s experience, as given in your journal a few weeks since, as to the fact of veratrum being an antidote for the poisonous effects of opium and its preparations.

July 24th, at 1 P. M., I left a patient, a stout negro boy, aged fifteen, in the ninth day of attack of typhoid fever, doing well; circulation, 96. Treatment, chlorate of potassa, soda, and turpentine.

For a troublesome hiccough there was left a solution of bromide of potassium and morphine, with instructions to give one teaspoonful every two to four hours until relieved.

At 9 P. M., a messenger announced to me that my patient was dying. A few inquiries satisfied me that, a teaspoonful had been given every time he hiccupped, until he was thoroughly soaked.

I found him breathing slowly and stertorously; pupils contracted to a point; extremities, nose, and chin cold, and bathed in that cold, unctuous, clammy sweat indicative of collapse; pulse fluttering wildly.

Here was the best case a physician ever had to test the value of a remedy. This patient must be relieved, and quickly. The mouth was prized open and eighteen drops of Norwood's tinct. veratrum given with two ounces of brandy. In one hour, by the watch, every symptom of opium poisoning had disappeared. He was wide awake and cheerful, but did not recover from the nervous prostration for 24 hours. The only after treatment added to the regular course, was a teaspoonful of brandy every half-hour for twenty-four hours.

He is now, to all appearances, convalescing. I leave your readers to make their own deductions.

My friend Dr. Johnson, of this county, is at this time attending for scrofulous disease a negro child, 18 months old. The right arm of this child, from the middle of the humerus to the wrist, is covered thickly with a growth so closely resembling beaver's fur, that to all intents it is beaver's fur; the skin from which it grows is to all appearance, under repeated examinations, a beaver's skin. Early in the pregnancy of the mother she had an intense longing for the flesh of some beavers, which her husband had killed and brought home. He refused to let her eat it.

E. H. SHOLL, M. D.

Gainesville, Ala., Aug. 2, 1870.

## NEWS AND MISCELLANY.

### Sad Death of a Physician.

In the early part of the last week of July Dr. Carroll of Laurens county, Ga., approached the house of a patient at a late hour of the night. On entering the yard he was attacked by a fierce watch-dog, which chased him to the front porch. Suddenly aroused, the proprietor seized a ready gun, and shot the worthy physician dead.

### QUERIES AND REPLIES.

#### Scaly Eruption.

Can you inform me, through THE REPORTER, of the most successful treatment, local and general, of cases of the ordinary scaly eruption attended with fissures, so often affecting the hands and arms of females—especially those who do their own washing and housework?

—, Ohio.

A. H.

#### Vaginal Leucorrhœa.

I have a case of vaginal leucorrhœa of 18 months standing. Patient, a young married lady of apparently

good constitution—has never been pregnant—catamenia regular—no disease of os or cervix discoverable by aid of speculum—discharge profuse, and has not been modified or diminished in the least by any treatment used. Have treated her generally with tinct. ferri, sol. strychnia, quinine, ergot, bals. cop., sarsaparilla, and iodid pot. Locally by injection with nearly all the astringents usually recommended. Have applied with aid of speculum, to the cervix and walls of vagina, strong solution of argenti nitrat., tinct. iodine, and solution of sulphate morphia in glycerine, also sol. carbolic acid, and so far as discernable patient has neither been benefited nor injured by the treatment.

T. H. A.

—, Ohio.

### A Question of Matrimony.

Will you please inform me, through the columns of THE REPORTER, whether a person possessing a slight organic stricture in the membranous portion of the urethra, of eighteen months' duration, and with a very slight mucous discharge occasionally, would be justified in getting married? I can now introduce a No. 8 bougie, and at the next trial will be able to introduce No. 10.

T. H.

Virginia, Aug. 1870.

Ans.—There is probably a granular condition of the urethra which, under proper treatment, will subside. We see nothing in the case, as you present it, that would forbid matrimony.—Eds.

### Mercurial Suppositories.

EDS. REPORTER.—In one of the medical journals, I have read in general terms, that mercurial suppositories, made by mixing mercurial ointment with butter of cocoa and white wax, have been successfully used in constitutional syphilis. Can you inform your readers in your next in what proportions the articles should be used, and how often the suppositories should be inserted?

July 16, 1870.

A SUBSCRIBER.

Ans.—About six grs. of mercurial ointment is usually employed at a dose, two or three times a day, watching the effect on the gums.—Eds.

### MARRIED.

DORR—HARTZELL—July 10th, by the Rev. W. Adamson, Dr. F. G. Dorr and Miss A. B. Hartzell, both of Tazewell, Ohio.

POWELL—WILSON—July 21st, at the residence of the bride's parents, by the Rev. D. W. Stubleton, assisted by the Rev. J. B. Hough, Dr. A. P. Pownall and Miss Mary J. Wilson, all of Sand Hill, Kentucky.

ROACH—KELLEY—July 27, 1870, at the residence of the bride's father, by the Rev. T. G. Beharrell, Dr. John T. Roach, of Morrow, Ohio, and Miss Anna E. Kelley, of Ripley county, Indiana.

### DIED.

BULLIONS—In Racine, Wis., July 21st, Louis H. Bullions, M. D., aged 25 years.

PINNEL—At his residence, in Belpre, Ohio, June 28th, 1870, of disease of the heart, Norvel W. Pinnel, M. D., in the 32d year of his age.

SCHAFER—In Leesville, Crawford county, Ohio, June 14, 1870, Dr. Jacob Schaffer, after a severe illness, aged 57 years.

THRALL—At the residence of his son, Ottumwa, Iowa, July 26th, Homer L. Thrall, M. D., lately of Columbus, Ohio, and for many years Professor of Natural Sciences in Kenyon College.